Hospital Infection Control Audit
January 2004

The following 8 hospitals identified breaches in infection control practices concerning the proper sterilization of medical equipment, (dating back to 1999), prior to the release of the results of the audit, and have subsequently taken corrective action.
Lakeridge Health Corporation; Sunnnybrook and Women's College Health Sciences Centre; St. Mary's - Kitchener; Cambridge Memorial Hospital; Hotel Dieu - St. Catharines; Brantford General Hospital; Winchester District Memorial Hospital; and York Central Hospital.

CENTRAL EAST REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
Royal Victoria Hospital	Yes	Yes	Yes	Yes	Yes	None Identified
North Simcoe Hospital Alliance (Huronia District Hospital and Penetanguishene General Hospital)	Yes	Yes	Yes	Yes	Yes	No issues with patient implications were identified. Some improvements in procedures based on standards were identified such as: surgical scopes and cystoscopes – Upgrading from high level disinfection to sterilization. Foot care – Upgrading from high level disinfection to sterilization on each use. Hysterosalpingograms – Moving to single use from high level disinfection. Oxygen masks – Moving to single use from high level disinfection. Quality assurance monitoring of sterilizers – Minimal cost to upgrade processes.
Northumberland Hills Hospital	Yes	Yes	Yes	Yes	Yes	Minor deficiencies corrected immediately and new policies implemented where required.
Ross Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No major deficiencies that represent a risk to patients. Minor opportunities for improvement with cost implications are being acted on. No details re costs provided.
Peterborough Regional Health Centre	Yes	Yes	Yes	Yes	Yes	None identified requiring notification of patients.
Stevenson Memorial Hospital	Yes	Yes	Yes	Yes	Yes	None identified.
York Central Hospital	Yes	No, Chief of MAC signature to follow	Yes	Yes	Yes	York Central began an internal audit on Nov 10, 2003 an on Nov 19, 2003 determined that it was not meeting recommended practice in the disinfection of naso-pharyngo-laryngoscopes used in ENT clinic. All steps taken to rectify this matter and notify patients have been previously communicated to the ministry as this event unfolded. The audit indicates 2 other exceptions to meeting recommended guidelines for

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						sterilization and disinfection of equipment. These were corrected and did not involve further investigation by the hospital.
Markham Stouffville Hospital	Yes	Yes	Yes	Yes	Yes	Hospital notes its commitment to patient safety and infection control and prevention. The audit identified that no corrective actions were needed.
Southlake Regional Health Centre	Yes	Yes	Yes	Yes	Yes	The memo indicates that as per their review, they meet or exceed current standards for infection prevention and control and will continue to enhance these services.
Haliburton Highlands Health Services	Yes	Yes	Yes	Yes	Yes	Hospital noted compliance with standards but that one finding of the audit identified an older model washer-disinfector which will subsequently be replaced – temporary measures have been put in place until delivery of the unit.
Lakeridge Health Corporation	Yes	Yes	Yes	Yes	Yes	No issues with patient implications identified but a number of issues identified through audit, with recommendations currently being implemented, noted.
Campbellford Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No issues with patient implications identified. Hospital has purchased additional reusable and disposable medical devices, all reprocessing of reusable medical equipment is now done through CSR, and some practices now formalized with improved accompanying written procedures.
Orillia Soldiers' Memorial Hospital	Yes	No, signatures to follow Jan 12, 2003	Yes	Yes	Yes	None identified
Collingwood General and Marine Hospital	Yes	No, Chief of MAC signature to follow	Yes	Yes	Yes	None identified

CENTRAL SOUTH REGION

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Brant Community Healthcare System Brantford General Hospital	Yes	Yes	Yes	Yes	Yes	Opportunities for minor improvements identified and are being implemented.
Brant Community Healthcare System The Willett	Yes	Yes	Yes	Yes	Yes	Opportunities for minor improvements identified and are being implemented.
Haldimand War Memorial Hospital	Yes	Yes	Yes	Yes	Yes	None
Hamilton Health Sciences Corporation & Juravinski Cancer Center		Yes	Yes	Yes-multiple	Yes- Details in Sec III of Audit	Education: Staff in clinics require education updates on reprocessing in their departments More detailed documentation of education(initial and ongoing) required for all areas outside of endoscopy reprocessing endoscopes Documentation: **Logs required in some areas for monitoring of disinfectant effectiveness** Flashing*: ORs continue to flash several specialty items and gaps noted in flash documentation Re-Use of single use items: Numerous items identified with significant cost implications to move to single use. Preventative maintenance of sterilizers: Regular program was not in place in all areas - preventative maintenance has been

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						implemented in all areas.
Hotel Dieu Health Sciences Hospital, Niagara	Yes	Yes	Yes	Yes	Yes	Flash sterilization of OR instruments. This practice will be updated and corrected through the purchase of additional instruments. To be completed April 1, 2004.
Niagara Health System	Yes	Yes	Yes	Yes	Yes	Introduce Formal Audits with respect to: ▪ Relevant documentation; ▪ Use of cleaning and disinfection products processes and practices; ▪ Random internal spot checks; ▪ Improve monitoring of sterilizers by using biological indicators with each different load configuration daily. ▪ Increase the number of copies of CSA standards on sterilization to ensure access to all personnel in each reprocessing area and Infection Control office. Infection Control Committee to review and approve changes to disinfectant solutions used for general cleaning, medical equipment disinfection, and sterilization. Move to disposable laryngoscopes for crash carts throughout the NHS. The Central Sterilization Reprocessing areas are to receive all equipment for reprocessing where possible to reduce and/or avoid flash sterilization and where this is not currently possible develop a process and policy to: • outline the rationale for flash sterilization; • to facilitate the documentation (including the patient name, date and procedure) for flashed items on the patient record; • to ensure that patient names, date and procedures for flashed items are

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						forwarded to Infection Control. Review the 3M instrument analysis currently underway within the NHS to facilitate proposed increases in instrumentation in order to reduce/avoid flash sterilization of equipment.
Norfolk General Hospital	Yes	Yes	Yes	Yes	Yes	Flash Sterilization **Laparoscopic Instrumentation** The flash sterilization practice has occurred only occasionally over the past two years, the time during which advanced laparoscopic surgery has been undertaken at this institution. Only one surgeon required this practice as the other surgeon who performed laparoscopic surgery utilizes single use (non-reusable) instrumentation. **Ophthalmologic Instrumentation** The hospital has a limited number (2) of ophthalmologic instrument trays to allow the ophthalmologist to perform approximately nine cataract operations in sequence, during a five-hour block weekly. As a consequence of shortage of instrument trays, flash sterilization in the Operating Suite has been a necessary practice. One additional ophthalmologic instrument tray at a capital cost of approximately $12,000 will be purchased to reduce the frequency of flash sterilization in the Operating Suite. The goal of the Norfolk General Hospital is to purchase an adequate number of instrument trays over the next few years to allow for the wrapped cycle

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						sterilization of trays in the Central Supply Services. **Documentation** The record keeping in the Operating Suite has been revised to include the patient's name, date and cycle number and the chemical indicator results for all instruments which are flash sterilized.
St. Joseph's Healthcare Hamilton	**Yes**	**Yes**	**Yes** - There is a regional infection control committee	**Yes**	**Yes**	No significant infection control irregularities or deficiencies were identified as a result of the audit. However, a number of improvement opportunities were identified: 1) As a result of the audit, a decision has been made to amalgamate and standardize all cleaning and sterilization practices at CAHS (Centre for Ambulatory Health Services) under the management of our SPD (Sterile Processing Department). 2) This audit process was found to be useful. The hospital plans to reaudit every two years.
St. Peter's Hospital	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**None**
West Haldimand General Hospital	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	**None**
West Lincoln Memorial Hospital	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	As a result of the audit the hospital identified improvement opportunities. They include: 1. Need to audit and document results of audits that staff are following the proper procedure to clean equipment. 2. Need to explore the idea of noting on patient's charts when equipment is "flash" sterilized. 3. Need to institute preventative maintenance on sterilization equipment. 4. Need to expand current product evaluation committee, to those areas other

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						than nursing care areas (e.g. – radiology, CSR, etc.) An audit plan has been implemented to ensure compliance in these areas.

EAST REGION

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1. Almonte General Hospital	yes	yes	yes	yes	yes	None identified.
2. Arnprior and District Memorial Hospital	yes	yes	yes	yes	yes	None identified.
3. Brockville General Hospital	yes	yes	yes	yes	yes	None identified.
4. Carleton Place and District Memorial Hospital	yes	yes	Yes	Yes	yes	Quoted from letter:"We are pleased to report that the audit did not identify any risk issues requiring follow-up with patients. The audit did, however, provide some opportunities for improvement in policies and processes. A plan of action was developed to address all issues in a timely manner. The results of the audit were reviewed by the Medical Advisory Committee, the Patient Care Committee of the Board and approved by the Board of Trustees on January 7, 2004"

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5. Children's Hospital of Eastern Ontario	yes	yes	yes	yes	yes	None identified.
6. Cornwall General Hospital	yes	yes	yes	yes	yes	"The audits and review have been completed, the findings of the audits and review have been analyzed and appropriate actions, were implemented as necessary. All equipment used by the hospital is licensed equipment in Canada, and is CSA Approved as applicable and Health Canada approved. Please be assured of the Cornwall General Hospital's ongoing commitment to patient safety and vigilance with respect to infection control and prevention" as signed by the Chair and CEO from Cornwall General Hospital.
8. Deep River and District Hospital Corporation	Yes	Yes	Yes	Yes	Yes	The following recommendations are contained in the executive summary of the hospital's submission. ➢ Audit annually to verify that all equipment being reprocessed at the hospital is in accordance with the hospital's policies and the current CSA Standards for sterilization and Health Canada guidelines for the sterilization and reprocessing of critical and semicritical items ➢ The CSA Standards for sterilization and Health Canada's guidelines for the sterilization and reprocessing of critical and semicritical items be formally adopted as policies and procedures and DRDH ➢ A registered nurse be assigned the lead responsibility for the CSR area, to review and revise the orientation to CSR, and to provide updates as necessary for the staff assigned to manage the sterilization and reprocessing of critical and semicritical items ➢ The reprocessing process for any new items/equipment be reviewed by the Infection Control Nurse

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9. Glengarry Memorial Hospital	yes	yes	yes	yes	Yes	"In summary, HGMH is satisfied that it has not had any breaches of infection control practices but the review has alerted us to areas for improvement."
10. Hawkesbury and District General Hospital	yes	yes	yes	yes	Yes	"We have uncovered no situation which would warrant a retrospective analysis of cases or the notification of former patients." However, the Audit has led to two noteworthy process improvements which have been approved by Management and which are already implemented: ➢ We have replaced non-autoclavable endoscopic instruments which were flashed sterilized in the OR, i.e. forceps biopsy, baskets, etc. with new autoclavable instruments that are now reprocessed in CSR ➢ We have eliminated third party reprocessing of laparoscopes by Montfort Hospital by buying four new autoclavable laparoscopes which are reprocessed on-site
11. Hopital Montfort	yes	No, signatures pending	yes	yes	yes	
12. Kemptville District Hospital	yes	yes	Are in compliance as indicated in signed letter.	Are in compliance as indicated in signed letter.	Are in compliance as indicated in signed letter.	"We are pleased to report that all proper protocols and procedures are being followed" as signed by Chair and CEO from Kemptville District Hospital.

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13. Kingston General Hospital	yes	yes	yes Kingston Hospitals Joint Infection Control Committee reports to Medical Advisory Cttees at KGH and HDH and Professional Advisory Cttee (PCCC SMOL/MH)	yes	yes	A tri-hospital working group conducted the audit - all clinical areas at KGH, HDH and SMOL-PCCC were inspected by infection control professionals. A detailed database of critical and semi-critical medical devices was developed. As a result of the audit, they are satisfied that all cleaning, dis-infection and/or sterilization practices are effective. **Surveillance and audit results are widely communicated through patient care programs and to the Board.** An Infection Control Website and Intranet communication program is used to facilitate dissemination of information throughout the three hospitals and Queen's University Health Sciences Faculty..
14. Lennox and Addington County General Hospital	yes	yes	yes	yes	yes	The hospital states:" There is evidence of compliance with policies and procedures on sterilization. Accountability of Hospital's Infection Control Cttee has been reviewed. Roles are clearly defined and there is evidence of linkage with public health. "
15. Pembroke General Hospital	yes	yes	yes	yes	yes	There is compliance with Hospital policies and procedures and accepted standards.
16. Perth and Smiths Falls District Hospital	yes	yes	yes	yes	yes	None identified.
17. Providence Continuing Care Centre St. Mary's	yes	yes	yes Kingston Hospitals Joint Infection Control	yes	yes	A tri-hospital working group conducted the audit - all clinical areas at KGH, HDH and SMOL-PCCC were inspected by infection control professionals. A detailed database of critical and semi-critical medical devices was developed. As a

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of the Lake Hospital			Committee reports to Medical Advisory Cttees at KGH and HDH and Professional Advisory Cttee (PCCC SMOL/MH)			result of the audit, they are satisfied that all cleaning, dis-infection and/or sterilization practices are effective. Surveillance and audit results are widely communicated through patient care programs and to the Board. An Infection Control Website and Intranet communication program is used to facilitate dissemination of information throughout the three hospitals and Queen's University Health Sciences Faculty.
18. Providence Continuing Care Centre, St. Vincent de Paul Hospital	yes	yes	yes	yes	yes	None identified.
19. Queensway Carleton Hospital	yes	yes	yes	yes	yes	"Please be advised that the audits and review have been completed, the findings have been analyzed and appropriate actions implemented as necessary" as signed by Chair and CEO from Queensway Carleton Hospital.
20. Quinte Healthcare Corporation	yes	yes	yes	yes	yes	General compliance with hospital policies and procedures on sterilization and disinfection. There are clear roles for Infection Control Cttee and specialists and functional linkages with Public Health. Process for good communication of procedures and monitoring effectiveness are in place. "I wish to advise you that the auditing process has proven to be an excellent quality improvement process. The main areas of concern were not in how items were being cleaned and sterilized, as we were meeting or exceeding existing guidelines, but rather how we were documenting on a day-to-day basis what was being done."
21. Renfrew Victoria	yes	Yes	Yes	Yes	yes	**"We have analyzed our reprocessing, sterilization, disinfection processes and**

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Hospital						**our infection control practices. We find that we are in compliance with Health Canada guidelines" as signed by Chair and CEO from Renfrew Victoria Hospital.**
22. Royal Ottawa Health Care Group	yes	yes	yes	yes	yes	The hospital states:"As a result of experiences with SARS in particular, we are in the throes of completing a very comprehensive analysis of our infection control standards which deal with matters such as effectiveness of communication of such practices to staff. We can assure you that policies and procedures are, again, available and accessible to all staff, but we anticipate there will be specific recommendations in the review related to stepped up education initiatives which we will seriously pursue. "
24. St. Francis Memorial Hospital	yes	yes	Yes	Yes	yes	"We have analyzed our reprocessing, sterilization, disinfection processes and our infection control practices. We find that we are in compliance with Health Canada guidelines"- as signed by Chair and CEO from St. Francis Memorial Hospital. NB: The Audit Questionnaire was not submitted.
25. Sisters of Charity Health Centre	yes	yes	yes	yes	yes	None identified.
26. The Ottawa Hospital – incl. The Rehab Centre and The University of Ottawa Heart Institute	yes	yes	yes	yes	yes	None identified.

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27. The Religious Hospitallers of Kingston St. Joseph of the Hotel Dieu of Kingston	yes	yes	Kingston Hospitals Joint Infection Control Committee reports to Medical Advisory Cttees at KGH and HDH and Professional Advisory Cttee (PCCC **SMOL/MH)**	yes	yes	A tri-hospital working group conducted the audit - all clinical areas at KGH, HDH and SMOL-PCCC were inspected by infection control professionals. A detailed database of critical and semi-critical medical devices was developed. As a result of the audit, they are satisfied that all cleaning, dis-infection and/or sterilization practices are effective. Surveillance and audit results are widely communicated through patient care programs and to the Board. An Infection Control Website and Intranet communication program is used to facilitate dissemination of information throughout the three hospitals and Queen's University Health Sciences Faculty.
28. The Religious Hospitallers of St. Joseph Health Centre of Cornwall Hotel Dieu	yes	yes	yes	yes	yes	None identified.
29. Winchester District Memorial Hospital	yes	yes	yes	yes	yes	The Audit findings have demonstrated that overall, the infection prevention and control practices at our hospital comply with policies and procedures, meet recognized standards and protect patient safety. Furthermore, we have uncovered no situation which would warrant a retrospective analysis of cases or the notification of former patients. **Furthermore, the Audit has identified areas for improvement in our practices. The Audit Committee has made the following recommendations which have been approved by Management:** ➢ Reactivate the Product Evaluation Committee to create an avenue where all new pieces of equipment/devices, which will be reprocessed, are reviewed by Infection Control to ensure there is an adequate documented reprocessing procedure in place and appropriate training of personnel has occurred

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						➢ Review of the use of the flash sterilizer ➢ Discontinue the reuse of single use/disposable devices ➢ Develop a formal "look back" and "patient notification program" to be followed in the event patients, who could potentially be impacted by a breach of infection control practice, are identified and notified in a timely manner ➢ Explore the availability of annual competency testing of reprocessing staff ➢ Develop a procedure to identify equipment, which has completed the high-level disinfection process

NORTH REGION

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Anson General Hospital	Yes	**Yes**	**Yes**	**Yes**	**Yes**	No irregularities/deficiencies/issues identified
Atikokan General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Bingham Memorial Hospital	Yes	**Yes**	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Blind River District Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Dryden Regional Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/identified. As preventive measure, hospital is increasing inventory of disposable instrument in order to decrease need for flash sterilization.
Englehart and District Hospital	Yes	Yes	Yes	Yes	Yes	Minor deficiencies were identified in audit and are being addressed.
Espanola General Hospital	Yes	yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Geraldton District Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Hôpital Notre Dame Hospital	Yes	**Yes**	**Yes**	**Yes**	**Yes**	No irregularities/deficiencies/issues identified
Hôpital régional de Sudbury Regional Hospital	Yes	**Yes**	**Yes**	**Yes**	**Yes**	No significant issues. Identified areas where improvement is required that are being dealt with.
Hornepayne Community Hospital	Yes	Yes	Yes	Yes	Yes	There were no major issues – minor policy changes and education required and will be completed.
Huntsville District Memorial Hospital (Algonquin Health Services)	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
James Bay General	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**	No irregularities/deficiencies/issues identified

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Hospital						
Kirkland and District Hospital	Yes	Yes	Yes	Yes	Yes	No significant issues. Areas for improvement identified appropriate action will be taken.
Lady Dunn Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Lady Minto Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Lake of the Woods District Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified; minor issues have been identified and will be addressed.
Manitoulin Health Centre	Yes	Yes	Yes	Yes	Yes	Hospital is managing their responsibilities.
Manitouwadge General Hospital	Yes	Yes	Yes	Yes	Yes	No deficiencies/irregularities/issues identified.
Mattawa General Hospital	Yes	CEO only. Other two on Monday	Yes	Yes	Yes	Two minor areas for improvement noted.
The McCausland Hospital	Yes	Yes	Yes, referred to as Environmental Team	Yes	Yes	No irregularities/deficiencies/ issues identified
Nipigon District Memorial Hospital	Yes	Yes	Yes	Yes	Yes	I/C committee processes need to be formalized. I/C policies need to be updated.
Weeneebayko – Moose Factory	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
North Bay General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Northeast Mental Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
The Red Lake Margaret Cochenour Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/major issues identified; Board plans to undertake a thorough review.

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Riverside Health Care Facilities Inc.	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Sault Area Hospital	Yes	Yes	Yes	Yes	Yes	No significant concerns. Areas of improvement have been identified and are being addressed.
Sensenbrenner Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Services de Santé de Chapleau Health Services	Yes	Yes	Yes	Yes	Yes	No major issues identified.
Sioux Lookout Meno-Ya-Win Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Smooth Rock Falls General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
South Muskoka Memorial Hospital	Yes	CEO only, others to follow	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
St. Joseph's Care Group	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/ major issues identified; letter states minor deficiencies are being addressed.
St. Joseph's General Hospital-Elliot Lake	Yes	CEO, COS signature only	Yes	Yes	Yes	No issues. Needs work on some policies and procedures that will be completed shortly.
Temiskaming Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/ major issues identified. Letter states minor issues are being addressed.
Timmins and District Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
Thunder Bay Regional Health Sciences Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/ major issues identified; letter states minor issues are being addressed.

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West Parry Sound Health Centre	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified
The West Nipissing General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/ major issues identified; letter states minor issues are being addressed
Wilson Memorial General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/ major issues identified

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Leamington District Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Hotel-Dieu Grace	Yes	Yes	No	Yes	Yes	Hospital is initiating a regional I/C committee for the 3 Essex County hospitals. Draft Terms of Reference have been provided in their submission.
Windsor Regional	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Chatham-Kent Health Alliance	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Alexandra Marine and General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Grey Bruce Health Services	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Hanover & District Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Alexandra Hospital, Ingersoll	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Listowel Memorial Hospital	Yes	Yes	Yes – share a joint ICC with Wingham & District Hospital	Yes	Yes	No irregularities/deficiencies/issues identified.
Wingham District Hospital	Yes	Yes	Yes – share a joint ICC with Listowel	Yes	Yes	No irregularities/deficiencies/issues identified.

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			Memorial Hospital			
Four Counties Health Services	Yes	Yes	Yes – share a joint ICC with Strathroy Middlesex General Hospital	Yes	Yes	No irregularities/deficiencies/issues identified.
Strathroy Middlesex General Hospital	Yes	Yes	Yes – share a joint ICC with Four Counties Health Services	Yes	Yes	No irregularities/deficiencies/issues identified.
Tillsonburg Dsitrict Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Woodstock General Hospital	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Huron Perth Healthcare Alliance (Clinton, St. Marys, Seaforth, Stratford)	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
Bluewater Health	Yes	Yes	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
South Huron Hospital	Yes	Rec'd draft ltr. signatures pending	Yes	Yes	Yes	No irregularities/deficiencies/issues identified.
South Bruce Grey	Yes	CEO & Chair,	Yes – corporate	Yes	Yes	No irregularities/deficiencies/issues identified.

SOUTH WEST REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
Health Services		Chief of Staff pending	committee for all sites			
St. Thomas-Elgin General Hospital	Yes	Yes	No committee established; however, there is an IC specialist who leads a small group responsible for IC issues.	Yes	Yes	No irregularities/deficiencies/issues identified.
London Health Sciences Centre	Yes	Yes	Yes – share a joint ICC with St. Joseph's Health Care	Yes	Yes	No irregularities/deficiencies/issues identified.
St. Joseph's Health Care	Yes	Yes	Yes – share a joint ICC with London Health Sciences Centre	Yes	Yes	No irregularities/deficiencies/issues identified.

TORONTO REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
Baycrest Centre for Geriatric Care	Yes	Yes	Yes	Yes	Yes	No patient risk issues. Minor process improvements (e.g. standardization of terminology) are in progress.
Bloorview-MacMillan Children's Centre	Yes	CEO, Chief of MAC, Vice Chair *	Yes	Yes	Yes	None. * Following up for Board Chair's signature.
Bridgepoint Hospital	Yes	Yes	Yes	Yes	Yes	None
Casey House	Yes	CEO & Chief of MAC *	Use Infection Control Committee at St. Michael's Hospital	Yes	Yes	None. * Following up for Board Chair's signature.
Centre for Addiction and Mental Health	Yes	CEO only *	Yes	Yes	Yes	None. *Following up for Board Chair and MAC Chair's signatures.
The Hospital for Sick Children	Yes	CEO & Chief Med Officer only *	Yes	Yes	Yes	None. * Following up for Board Chair's signature.
Humber River Regional Hospital	Yes	Yes	Yes	Yes	Yes	No patient risks identified. Minor process improvements were implemented.
Mount Sinai Hospital	Yes	CEO, Chief of MAC only *	Yes	Yes	Yes	None. * Following up for Board Chair's signature.
North York General Hospital	Yes	Yes	Yes	Yes	Yes	None. Relocated reprocessing of some instruments to a centralized department (Central Supply and Reprocessing).
Providence Centre	Yes	Yes	Yes	Yes	Yes	None
Rouge Valley Health System	Yes	Yes	Yes	Yes	Yes	None
Runnymede	Yes	Yes	Yes	Yes	Yes	None
St. John's Rehabilitation Hospital	Yes	Yes	Yes	Yes	Yes	None
St. Joseph's Health Centre	Yes	CEO and Chief of MAC only. (Chair will sign	Yes	Yes	Yes	No patient risk issues. One minor discrepancy was identified in the ER, immediately corrected and reported to the Ministry in early December 2003. There are no patient care issues.

TORONTO REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
		next week)				
St. Michael's Hospital	Yes	Yes	Yes	Yes	Yes	Changed process for cleaning cryostat probe from alcohol to high level disinfection. No patient care issues.
Sunnybrook and Women's Health Sciences Centre	Yes	Yes	Yes	Yes	Yes	On November 13th, 2003 the ministry was informed that the disinfection process utilized in the trans-rectal ultrasound biopsy in the hospital's outpatient urology department between December 1999 and August 2003 was inadequate. 861 men were advised to receive testing for hepatitis B, C and HIV. As a result of this issue, the hospital immediately corrected the practice. The hospital continues to conduct on-going follow-up with patients.
The Scarborough Hospital	Yes	CEO only *	Yes	Yes	Yes	No patient risk issues; opportunities for minor improvements identified and being implemented. *Following up for Board Chair & Chief of MAC signatures.
Toronto East General Hospital	Yes	Yes	Yes	Yes	Yes	None
Toronto Grace	Yes	Yes	Yes	No	Yes	None.
Toronto Rehabilitation Institute	Yes	Yes	Yes	Yes	Yes	No patient risk issues.
University Health Network	Yes	CEO only *	Yes	Yes	Yes	No breaches in sterilization or disinfection protocols were found. Quality control issues such as the use of biological indicators were found in a minority of areas and corrected. *Following up for Board Chair and Chief MAC signatures.
West Park Healthcare Centre	Yes	Yes	Yes	Yes	Yes	None

CENTRAL WEST REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
Cambridge Memorial Hospital	Yes	Yes	Yes	Yes	Yes	No issues
Headwaters Health Care Centre	Yes	Yes	Yes	Yes	Yes	"Found no breaches with respect to our practice and hence no patients were found to be at risk."
Grand River Hospital	Yes	Yes	Currently being reconstituted as a joint committee with St. Mary's General Hospital	Yes	Yes	Audit complete. Asked Ministry for more time to review a procedure. This is a high priority and will expedite report back to Ministry.
Groves Memorial Community Hospital	Yes	Yes	Yes	Yes	Yes	"Pleased to report that the findings are satisfactory, with no significant risks identified."
Guelph General Hospital	Yes	Yes	Yes	Yes	Yes	No issues
Halton Healthcare Services Corporation	Yes	Yes	Yes	Yes	Yes	"Completion of the audit did not identify any concerns/issues related to infection control and prevention, and sterilization/disinfection that required immediate notification to the Regional Director."
Joseph Brant Memorial Hospital	Yes	Yes	Yes	Yes	Yes	"did not identify any practices that would require consideration for patient follow-up for potential for transmission of disease"
North Wellington Health Care Corporation (Louise Marshall)	Yes	Yes	Unclear but has a similar working group to address issues in this area	Yes	Yes	"Satisfied that an exhaustive process was used and that any necessary actions are part of a work plan and will be addressed."
St. Joseph's Health Centre	Yes	Yes	Yes	Yes	Yes	No issues
St. Mary's General Hospital	Yes	Yes	Currently being reconstituted as a joint committee with Grand River Hospital	Yes	Yes	No issues

CENTRAL WEST REGION

Hospital	Received (yes/no)	Chair, CEO & Chief of Med. Advisory Cttee. sign-off (yes/no)	Infection Control Committee in place (yes/no)	Evidence of Linkage with Public Health (yes/no)	Evidence of staff education (yes/no)	Irregularities/Deficiencies/Issues Identified Comments
William Osler Health Centre	Yes	Yes	Yes	Yes	Yes	**No breaches of practice have been identified, "WOHC is compliant in its sterilization and infection prevention practices throughout the various clinical, diagnostics and supply areas at all three sites.**
Credit Valley Hospital (The)	Yes	Yes	Yes	Yes	Yes	No breeches of practice have been identified.
Homewood Health Centre	Yes	Yes	Yes	Yes	Yes	No breaches of practice have been identified; however, all processing of semi-critical items is completed by Guelph General Hospital. (No issues were reported by GGH in their response to the ministry.)
Trillium Health Centre	Yes	Yes	Yes	Yes	Yes	No breaches of practice have been identified at either Mississauga or Queensway site.